



Commercial Hauler's License Application

Acton Board of Health
Health Dept. Phone: 978-929-6632
www.acton-ma.gov
health@acton-ma.gov

Form D

FEE: \$110.00 Annually

NAME OF FIRM: _____

ADDRESS: _____

CITY/TOWN: _____ STATE _____ ZIP _____

PHONE #: _____

*EMAIL: _____

(Used Only for Renewals)

PROPRIETOR(S)/CORPORATE OFFICERS/PARTNERS:

Pursuant to Mass. General Law Chapter 62C, Section 49A, I certify under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security Number or
Federal Identification

Signature of Individual
or Corporate Name

By: _____
Corporate Officer (if applicable)

Date: _____